

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
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38	21					
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45	/					
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.	4					
TOTAL DEP.	47					
TOTAL CLAIMS	50					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								